
Bree Collaborative | Primary Care Workgroup

May 13th, 2020 | 11:30 a.m. – 1:00 p.m.

Held Remotely Due to COVID-19

MEMBERS PRESENT

Judy Zerzan, MD, MPH (Chair), Chief Medical Officer, Washington State Health Care Authority

Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State University Vancouver College of Nursing

Laure Kate Zaichkin, MPH, Director of Health Plan Performance and Strategy, SEIU 775 Benefits Group

Catherine Mazzawy, Senior Director, Safety and Quality, Washington State Hospital Association

Tony Butruille, MD, Family Physician, Cascade Medical

Bianca Frogner, PhD, Associate Professor of Family Medicine, Director of Center for Health Workforce Studies, University of Washington School of Medicine

Karen Johnson, PhD, MHSA, Director of Performance Improvement and Innovation, Washington Health Alliance

Carl Olden, MD, Pacific Crest Family Medicine
Patricia Auerbach, MD, MBA, Chief Medical Officer, United Health Care

Cynthia Burdick, MD, Medical Director of Medicare and Medicaid, Kaiser Permanente Washington

Jason Fodeman, MD, Associate Medical Director, Washington State Department of Labor and Industries

Ashok Reddy, MD, MS, Assistant Professor of Medicine, University of Washington School of Medicine, Veterans Administration

Keri Waterland, PhD, MAOB, Division Director, Division of Behavioral Health and Recovery, Health Care Authority

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Bob Marsalli, Chief Executive Officer,

Washington Association for Community Health

BREE COLLABORATIVE OVERVIEW

Judy Zerzan, MD, MPH, Washington State Health Care Authority and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

Motion: Approval of April 8th Minutes

Outcome: Passed with unanimous support

GENERAL DISCUSSION

Ms. Weir began the group's discussion by asking for comments on the Marshall Plan document that was sent out to group members. How could this change the payment structure of primary care?

- Karen Johnson, PhD, MHSA, Director of Performance Improvement and Innovation, Washington Health Alliance, remarked that there is a gray area in the document around the issue of attribution of payment. This may be out of scope for the group.
 - There is always a tension between the patient view and the clinician view in terms of attribution. Capitation is complex and involves risk, but it also lets providers plan ahead based on a reliable funding stream.

- Ms. Weir discussed the survey that was sent out to the group. The 4th definition (provider and service based) was the highest by score. However, most #1 votes were for the 1st definition (provider-based).
- The group discussed the purpose of the definition. Ms. Weir advised that the group start with what is possible now in terms of measurement and then move to aspirational goals for definition.
 - Service-based definition would cover the group's aspirational goal but is not as achievable as a provider-based definition. The group may want to create its own hybrid definition of provider and service.
 - Cynthia Burdick, MD, Medical Director of Medicare and Medicaid, Kaiser Permanente Washington, voiced full support of the service-based definition, but did also note that it would be difficult to measure via claims data.
 - Carl Olden, MD, Pacific Crest Family Medicine, expressed a desire to include health systems measurement in a definition.
 - Tony Butruille, MD, Family Physician, Cascade Medical, argued that, if the standards for primary care are first point of contact, comprehensiveness, and coordination, the definition needs to account for true team-based primary care practitioners.
- Dr. Zerzan pivoted the discussion to the second survey question, which asked about providers and who would be considered a primary care practitioner. This could differentiate the group's definition from the one used by the OFM.
- Ms. Weir reviewed the results for question 2. General internists and pediatricians both had large support for inclusion (group noted that some may be hospitalists, but they should still be included).
- Obstetrics and midwives: The group was mixed on this between "No" and "Maybe". A portion of the medicine that these providers practice is primary care, but not all of their practice is (especially if they are doing perinatal care and delivery).
 - Some midwives and obstetrics practitioners step out of that capacity and do more general women's health, which is fully primary care.
 - Another member argued that if you are not able to cross organ systems in your care, then it is not primary care.
- The group put forth more ideas: could they make a hybrid definition that would account for gray area providers by looking at services provided? The group could also look at setting to help determine if something is primary care.
- Creating a purely service-based definition has a downside: it locks definition into a FFS system.
- Dr. Johnson: measurement must be multi-dimensional. Start with universal providers and then think about the place of service and type of service to narrow down the definition.
- Ms. Weir asked the group if they could think of a way to measure using setting data to help. Dr. Butruille suggested looking at the OFM report and contacting the consultants who helped decide on the codes that were used in that report.
- Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, Associate Professor, Associate Academic Director, Washington State University Vancouver College of Nursing, mentioned the importance of capturing ARNPs. They do not practice family medicine but do perform many services that are primary care. **Dr. Kaplan to draft a primary care definition with ARNPs in mind.**
- Ms. Weir asked if there were any comments on chiropractors/naturopaths as primary care providers.
 - Dr. Kaplan said that her patients have often used her practice as primary care while simultaneously seeing a naturopath.
 - Chiropractor is an easy no because they mostly deal with musculoskeletal problems.

- Naturopathy is often preventive care—is that part of primary care? The group agreed that chiropractors are not primary care providers, but naturopaths are a gray area.
- Some people choose to use these two types of practitioner as their only source of healthcare.
- The group moved on to discussing specialists who might have a long-term relationship with patients who have specific types of chronic illnesses. Allergists and nephrologists often have to take over primary care duties when there are not enough PCPs. A three-dimensional assessment could help determine whether these practitioners are doing primary care.
- The group discussed behavioral health practitioners. How can the group support primary care systems in building teams that include specialists and behavioral health practitioners?
 - Behavioral health practitioners appreciate having primary care practitioners involved to help with care. A team-based approach makes the most sense for ideal primary care.
- The group discussed pharmacists. They could be included as a member of a team but are not in any kind of coordinating roll.
- A member added that small practices are often the ones providing primary care; typical primary care physicians are not always the ones in charge.

Action Items: Ms. Weir to follow up with some members on beginning to draft a three-dimensional model of primary care.

GOOD OF THE ORDER

Dr. Zerzan and Ms. Weir thanked all for attending and adjourned the meeting.